

**Subject:** Studies in the News: (August 15, 2008)

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## Studies in the News for



## California Department of Mental Health

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### Introduction to Studies in the News

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#### **CHILDREN AND ADOLESCENT MENTAL HEALTH**

“Empirically Supported Treatments Improve Care of Adolescents With Depression.” By Lynne Lamberg, Medical Consultant. IN: The Journal of the American Medical Association, vol. 300, no. 3 (July 2008) pp. 269-270.

[**Washington, DC**—Randomized controlled trials in academic/community sites and primary care settings over the past few years have identified effective and practical strategies to improve treatment of adolescents with major depressive disorder (MDD), according to presentations at a symposium on treatment of adolescent depression at the annual meeting of the American Psychiatric Association (APA) here in May. "Prior to these studies, we knew antidepressant medications and cognitive behavioral therapy (CBT) could reduce depression," said Benedetto Vitiello, MD, chief of the child and adolescent treatment and prevention intervention research branch at the National Institute of Mental Health (NIMH). "Now we can compare efficacy of 1 treatment to that of another and see the advantages of combining medication with CBT for adolescents with moderate to severe depression," he said. "We also know better what to do for adolescents who remain depressed after initial treatment with medication." **NOTE: This journal is available for borrowing from the CA State Library.**]

**“The Intensive Mental Health Program: Development and Structure of the Model of Intervention for Children with Serious Emotional Disturbances.”** By Eric M. Vernberg, University of Virginia, and others. **IN: The Journal of Child and Family Studies, vol. 17, no. 2 (April 2008) pp. 169-177.**

[“In order to meet the challenging needs and behaviors of children with Serious Emotional Disorders (SED), a school and community based Intensive Mental Health Program (IMHP) was developed and evaluated. We describe the conceptual framework, treatment principles, and model for service delivery for psychological and educational interventions under the umbrella of the IMHP. The program illustrates a model of comprehensive services for children with SED.” **NOTE: This journal is available for borrowing from the CA State Library.**]

**“Perceptions of Family Relationship Factors and Depressive Symptoms in Adolescents: What Roles Do Parents and Gender Play?”** By Elaine M. Eshbaugh, University of Northern Iowa. **IN: The Journal of Child and Family Studies, vol. 17, no. 1 (February 2008) pp. 127 – 139.**

[“The association of adolescents’ perceptions of family relationships and adolescent depressive symptoms was investigated using a sample of 2,918 youth participating in the National Longitudinal Survey of Youth 1997. Boys showed fewer depressive symptoms than girls, as hypothesized. In general, adolescents’ perceptions of family relationships were negatively related to depressive symptoms. Mother support of father predicted depressive symptoms for girls only, whereas father support of mother predicted depressive symptoms for boys only. These findings contradict previous research that suggested family functioning is more related to outcomes of adolescent girls than boys. Suggestions for future research and implications for marital and family therapists are discussed.”]

Full text available at:

<http://www.springerlink.com/content/u8h84h56n4825t51/fulltext.html>

**Related article: A Reference for Professionals: Developing Adolescents.**

Full text at: [http://www.units.muohio.edu/csbmhp/resources/pdf/develop\[1\].pdf](http://www.units.muohio.edu/csbmhp/resources/pdf/develop[1].pdf)

**“Reducing the Risk for Preschool Expulsion: Mental Health Consultation for Young Children with Challenging Behaviors.”** By Deborah F. Perry, Johns Hopkins University Bloomberg School of Public Health, and others. IN: *The Journal of Child and Family Studies*, vol. 17, no. 1 (February 2008) pp. 44-54.

[“Increasing numbers of young children are being expelled from child care settings because of their problem behavior. Access to mental health consultation is related to lower rates of expulsion, but additional data are needed to document the pathways through which mental health consultation reduces the risk of expulsion. We report on outcomes from a 4-year project designed to reduce the number of children expelled for problem behavior in a large suburban county in Maryland. Two master’s-level professionals provided behavioral consultation to child care providers who identified nearly 200 children at imminent risk for expulsion. Child care providers rated children’s social skills and problem behaviors at referral and discharge using the Preschool Kindergarten Behavior Scales and the Brief Infant Toddler Social Emotional Assessment. Statistically significant increases in social skills and reductions in problem behaviors were seen for children who received individualized consultation. More than three-quarters of the children who were at risk for expulsion were able to be maintained in their current child care placement; of those that changed placements, only half ( $n = 13$ ) were removed involuntarily. These findings provide additional support for mental health consultation as a promising strategy to reduce the risk for expulsion for young children with problem behaviors.”]

Available at:

<http://www.springerlink.com/content/vh816487707212j4/fulltext.html>

**Related article: Trends and issues in child and adolescent mental health.**

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**Related article: Child and adolescent mental health around the world: Challenges for progress.**

Full text at: [http://cogprints.org/4207/1/Jiacam05\\_1\\_3.pdf](http://cogprints.org/4207/1/Jiacam05_1_3.pdf)

## **COMMUNITY-BASED SERVICES**

**An Online Directory for Finding Community Services for Children and Families.**  
By Susan Brune Lorenzo, Maternal and Child Health Library, and Rochelle Mayer,

**National Center for Education in Maternal and Child Health. Draft. (Georgetown University, Washington, D.C.) July 2008. 10 p.**

[“Most communities have education, health, mental health, family support, parenting, child care, and other services that can help support children and families. However, locating those services or even knowing which services to look for is often difficult. The Community Services Locator is designed to help service providers and families find available national, state, and local resources that can address child and family needs.

The Community Services Locator is an online directory for finding services for children and families in the communities in which they live. The locator, produced by the MCH Library, may be used by service providers and families to find available health, mental health, family support, parenting, child care, and other services. Topics include education and special needs, health and wellness, mental health and well-being, family support, parenting, child care and early childhood education, and financial support. A new A-Z Resources and Services Index offers another avenue for navigating the locator and the library's Web site.”]

Full text at: [http://www.mchlibrary.info/KnowledgePaths/kp\\_community.html](http://www.mchlibrary.info/KnowledgePaths/kp_community.html)

**“Building and Maintaining Trust in a Community-Based Participatory Research Relationship.” By Suzanne Christopher, Montana State University, and others. IN: American Journal of Public Health, vol. 98, no. 8 (August 2008) pp. 1398-1406.**

[“Although intervention research is vital to eliminating health disparities, many groups with health disparities have had negative research experiences, leading to an understandable distrust of researchers and the research process. Community-based participatory research (CBPR) approaches seek to reverse this pattern by building trust between community members and researchers. We highlight strategies for building and maintaining trust from an American Indian CBPR project and focus on 2 levels of trust building and maintaining: (1) between university and community partners and (2) between the initial project team and the larger community. This article was cowritten by community and academic partners; by offering the voices of community partners, it provides a novel and distinctive contribution to the CBPR literature.”]

Full text at: <http://www.ajph.org/cgi/content/abstract/98/8/1398>

**Related article: Mental Health Care in Community-Based Services.**

Full text at: <http://www.euro.who.int/document/MNH/ebrief02.pdf>

## **ELDERLY AND MENTAL HEALTH**

**“Long-term Cost Effects of Collaborative Care for Late-life Depression.” By Jurgen Unutzer, University of Washington School of Medicine, and others. IN: The American Journal of Managed Care, vol. 14, no. 2 (February 2008) pp. 95-100.**

[“*Objective:* To determine the long-term effects on total healthcare costs of the Improving Mood: Promoting Access to Collaborative Treatment (IMPACT) program for late-life depression compared with usual care. *Study Design:* Randomized controlled trial with enrollment from July 1999 through August 2001. The IMPACT trial, conducted in primary care practices in 8 delivery organizations across the United States, enrolled 1801 depressed primary care patients 60 year or older. Data are from the 2 IMPACT sites for which 4-year cost data were available. Trial enrollment across these 2 health maintenance organizations was 551 patients. *Methods:* Participants were randomly assigned to the IMPACT intervention (n=279) or to usual primary care (n=272). Intervention patients had access to a depression care manager who provided education, behavioral activation, support of antidepressant medication management prescribed by their regular primary care provider, and problem –solving treatment in primary care for up to 12 months. Care managers were supervised by a psychiatrist and a primary care provider. The main outcome measures were healthcare costs during 4 years. *Results:* IMPACT participants had a lower mean total healthcare costs than usual care patients during 4 years. Results of a bootstrap analysis suggested an 87% probability that the IMPACT program was associated with lower healthcare costs than usual care. *Conclusion:* Compared with usual primary care, the IMPACT program is associated with a high probability of lower total healthcare costs during a 4-year period.”]

Full text at: <http://www.ajmc.com/Article.cfm?Menu=1&ID=7019>

**Related article: What is the Effectiveness of Old Age Mental Health Services?**

Full text at: [http://www.euro.who.int/HEN/Syntheses/mentalservice/20040721\\_9](http://www.euro.who.int/HEN/Syntheses/mentalservice/20040721_9)

### **HOMELESSNESS AND MENTAL ILLNESS**

**“Supported Housing Programs Form Persons with Serious Mental Illness in Rural Northern Communities: A Mixed Method Evaluation.” By Phillip Montgomery, Laurentian University, Sudbury, Ontario, and others. IN: BMC Health Services Research, vol. 8, no. 156 (July 24, 2008) pp. 1-26.**

[“During the past two decades, consumers, providers and policy makers have recognized the role of supported housing intervention for persons diagnosed with serious mental illness (SMI) to be able to live independently in the community. Much of supported housing research to date, however, has been conducted in large urban centers rather than northern and rural communities. Northern conditional and contextual issues such as rural poverty, lack of accessible mental health services, small or non-existing housing markets, lack of a continuum of support or housing services, and in some communities, a poor quality of housing challenge the viability of effective supported housing services. The current research proposal aims to describe and evaluate the processes and outcomes of supported housing programs for persons living with a SMI in northern and rural communities from the perspectives of clients, their families, and community providers'.

This research will use a mixed method design guided by participatory action research. The study will be conducted over two years, in four stages. Stage I will involve setting up

the research in each of the four northern sites. In Stage II, a descriptive cross-sectional survey will be used to obtain information about the three client outcomes: housing history, quality of life and housing preference. In Stage III two participatory action strategies, focus groups and photo-voice will be used to explore perceptions of supported housing services. In the last stage findings from the study will be re-presented to the participants, as well as other key community individuals in order to translate them into policy.

Supported housing intervention is a core feature of mental health care, and it requires evaluation. The lack of research in northern and rural SMI populations heightens the relevance of research findings for health service planning. The inclusion of multiple stakeholder groups, using a variety of data collection approaches, contributes to a comprehensive, systems-level examination of supported housing in smaller communities. It is anticipated that the study's findings will not only have utility across Ontario, but also Canada.”]

Full text at: <http://www.biomedcentral.com/1472-6963/8/156/abstract>

**The Third Annual Homeless Assessment to Congress. By the U.S. Department of Housing and Urban Development. (The Department, Washington, D.S.) July 2008. 144 p.**

[“The 2007 AHAR represents an important milestone in HUD’s efforts to collect information and report on homelessness based on HMIS data from a nationally representative sample of communities. It is the first AHAR based on an entire year of data about persons who use emergency and transitional housing programs. This longitudinal information on homelessness is important for understanding the nature and scope of homelessness. It also provides a baseline for future reports that will provide direct year-to-year comparisons of the number and characteristics of homeless people and their patterns of service use. In addition, the report contains new information about the seasonal patterns of homelessness and long-term users of shelters and presents new appendices that provide community-level information on the number of homeless persons.

The 2007 AHAR is based on two data sources. The first source is data provided by all Continuums of Care (CoCs) as part of their 2007 HUD application for funding. The CoC application data contain information on *sheltered* and *unsheltered* homeless persons on a single night in January 2007. The data provide information on the number of homeless persons within particular subpopulations, such as persons who are chronically homeless, severely mentally ill, substance abusers, veterans, unaccompanied youth, and/or living with HIV/AIDS, as well as information on the national inventory of homeless shelter beds.” **NOTE: A copy of this report can be obtained electronically from the CA State Library.]**

**Supporting Work for Low Income People with Significant Challenges. By Pamela Loprest and Karin Martinson, the Urban Institute. New Safety Net Paper 5. (The Institute, Washington, D.C.) July 2008. 20 p.**

[“Any discussion of promoting work among low-income people must acknowledge that major personal challenges make it extremely difficult for some individuals to find or hold down full-time jobs without any intervention or support. Whether temporary or permanent, such challenges range from mental or physical health problems or disabilities to substance abuse, domestic violence, low literacy, learning disabilities, a criminal record, or the need to care for a disabled child. Some of these obstacles can be resolved or overcome with appropriate services; some can be accommodated with the right employment match.

Many people with one or more of these challenges work. However, studies have shown that as a group, individuals facing these challenges are less likely to be employed or steadily employed and more likely than other people to rely on public benefits (Loprest and Zedlewski 2006). And part-time work is all some can manage. All these challenges are compounded for parents still caring for children.

These families’ employment rates and well-being might be improved by investments in programs to help challenged individuals join the workforce. But few current public services for this group entail work supports, particularly those that address families’ needs for child care and income subsidies. Complicating matters, information on which programs work for these individuals is limited.

Against this backdrop, we propose an agenda for moving more low-income parents with challenges into work. We first determine how many people may need work supports and review the available public services with an eye to their limitations and the challenges involved. We then analyze the available evidence on the effectiveness and costs of various approaches to better outcomes for this population. We then discuss several promising conceptual approaches to supporting work for these people, highlighting some current programs. Our proposals call for short-term modifications to current program regulations, a mechanism for investing more in promoting experimentation and in evaluating new service models, replication of successful approaches, and longer-term systemic changes to better help employment-challenged parents.”]

Full text at: [http://www.urban.org/UploadedPDF/411726\\_supporting\\_work.pdf](http://www.urban.org/UploadedPDF/411726_supporting_work.pdf)

**Related article: Mental Illness, Chronic Homelessness, an American Disgrace.**

Full text at:

<http://www.nhchc.org/Network/HealingHands/2000/October2000HealingHands.pdf>

**Related article: Outcomes of Homeless Adults in a Housing Program and in Case Management Only.**

Full text at: <http://psychservices.psychiatryonline.org/cgi/reprint/54/1/78>

## RESILIENCE

**“Impact of Negative Life Events on Positive Health in a Population of Adolescents with Special Needs, and Protective Factors.” By Celeste Simoes, University and others, University of Lisbon. IN: Journal of Cognitive and Behavioral Psychotherapies, vol. 8, no. 1 (March 2008) pp. 53-65.**

[“The aim of the present work is the analysis of factors associated to positive health and well being, in a population of adolescents with special needs (ASN) facing adverse environmental situations

Methodology. The sample included 494 adolescents with special needs (ASN), mean age 14 years old. Pupils attended 77 public schools from all over Portugal. Data collection was held within the HBSC (Health Behaviour in School aged Children) survey. For the purpose of this specific study, the questionnaire included questions about quality of life, internal and external resources and life events.

Results. Results showed that adolescents with special needs (ASN) had a set of internal resources (personal and social competences and self-concept) and a set of external resources (family, peers, school and local community). Those are protective factors regarding their well being, when they face stressful environmental situations. However when adolescents face several different negative life events, only Family and Self-concept have a significant protective effect. Family and self-concept seem thus the most important factors for the positive development of adolescents with special needs (ASN), when they face multiple negative environmental events. Thus, when designing and implementing school-based intervention programs, it is important to include both individual mental health support and family support, as a way to help adolescents with special needs (ASN) to face daily challenges and negative life events.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=31450706&site=ehost-live>

**Related article: “Unique Path to Resilience across Cultures.”**

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=26159883&site=ehost-live>

## SCHOOL-BASED PROGRAMS

**“Description of Exemplar Cases in the Intensive Mental Health Program: Illustrations of Application of the Therapeutic Model.” By Timothy D. Nelson, Joanna O. Mashunkashey, Montserrat C. Mitchell, and others. IN: Journal of Child and Family Studies, vol. 17, no. 2 (April 2008) pp. 206-218.**

[“We describe cases from the clinical records in the Intensive Mental Health Program to illustrate the diverse presenting problems, intervention strategies, therapeutic process, and

outcomes for children receiving services in this school-based, community-oriented treatment model. Cases reflect varying degrees of treatment response and potential factors that influence the fluctuating levels of emotional disturbance and impaired functioning in the home, school, and community.” **NOTE: This journal is available for borrowing from the CA State Library.]**

**“Factors Related to Outcome in a School-based Intensive Mental Health Program: An Examination of Nonresponders.”** By Anne K. Jacobs, Michael C. Roberts, Eric M. Vernberg, and others. **IN: Journal of Child and Family Studies, vol. 17, no. 2 (April 2008) pp. 219-231.**

[“We examined factors related to treatment responders ( $n = 35$ ) and nonresponders ( $n = 16$ ) in a group of 51 children admitted to the Intensive Mental Health Program (IMHP). Children’s response to treatment was coded based on their functioning at intake and discharge using total CAFAS scores. Demographic variables, length of treatment, number of diagnoses and medications, and history of physical/emotional abuse or neglect did not significantly distinguish between responders and nonresponders. Nonresponders were more likely to present with a history of suspected or confirmed sexual abuse, internalizing diagnoses, or comorbid internalizing and externalizing diagnoses. Although the small sample size may limit interpretations, our findings indicate treatment programs need augmentation when children with serious emotional disturbances (SED) may be at risk for not responding to interventions.” **NOTE: This journal is available for borrowing from the CA State Library.]**

**“Implementation and Utilization Characteristics of a Rural, School-linked Mental Health Program.”** By Garret D. Evans, Human Solutions consulting, and others. **IN: Journal of Child and Family Studies, vol. 17, no. 1 (February 2008) pp. 84-97.**

[“We examined variables associated with treatment engagement in a real-world therapeutic setting. The model of care examined involved school-linked mental health care for children and their families in a rural county. Service utilization characteristics, as well as child- and treatment-specific variables were examined in relation to their impact on therapy length, missed appointments, and treatment outcome. A total of 168 students and their families participated in therapeutic services over a period of approximately 4.5 years. Overall, children who had less psychopathology and a higher level of clinician-rated functioning (GAF) at the start of therapy were more likely to successfully complete treatment. Parental involvement in therapy was associated with a longer course of therapy, as well as more missed appointments. Barriers to treatment and treatment engagement, as well as future directions of study, are discussed.”]

Full text available at:

<http://www.springerlink.com/content/n247277528m8q9jm/fulltext.html>

**“Lessons Learned from the Intensive Mental Health Program: A School-based, Community Oriented Program for Children with Serious Emotional Disturbances.”**

**By Michael C. Roberts, University of Kansas, and others. IN: Journal of Child and Family Studies, vol. 17, no. 2 (April 2008), pp. 277-289.**

[“The Intensive Mental Health Program meets the needs for services in school systems for children with serious emotional disturbances and for training graduate students in clinical applications with a difficult-to-serve population. We address the range of challenges and rewards experienced in the development of the comprehensive intervention program, the continued maintenance of program elements, and the program evaluation.” **NOTE: This journal is available for borrowing from the CA State Library.**]

**Related article: School-Based Programs: Lessons Learned from CATCH, Planet Health, and Not-On-Tobacco.**

Full text at: <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1893131>

### STIGMA

**“Education and Mental Health Stigma: The Effects of Attribution, Biased Assimilation, and Attitude Polarization.” By Guy A. Boysen, SUNY Fredonia, and David L. Vogel, Iowa State University. IN: Journal of Social and Clinical Psychology, vol. 27, no. 5 (May 2008) pp.447-470.**

“[Educational interventions to reduce stigmatizing attitudes about mental illness have not been compared to evaluate their effectiveness. To systematically compare educational interventions college students (N = 232) were presented with high and low control explanations (psychosocial vs. biological) of high and low control disorders (addiction vs. schizophrenia), and the effects on the stigmatizing attitudes of blame and social distancing were measured. Perceptions of how persuasive the information was and its impact on attitudes were predicted by preexisting attitudes about mental illness. However, perceptions of the persuasiveness of the educational information were also consistent with attribution theory such that low control (i.e., biological causes and schizophrenia) was associated with less blame. These results illustrate the complexity of attitudes about mental illness and a potential difficulty in changing them.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=33019626&site=ehost-live>

**Related article: "The Stigma Receptivity Scale and its Association with Mental Health Service Use among Bereaved Older Adults."**

Full text at:

<http://www.pubmedcentral.nih.gov/picrender.fcgi?tool=pmcentrez&artid=2487676&blobtype=pdf>

## SUICIDE PREVENTION

**“Characteristics of Suicide Attempts Preceded by Alcohol Consumption.”** By Michel Lejoyeux, Bichat-Claude Bernard Hospital, Paris, France, and others. IN: **Archives of Suicide Research**, vol. 12, no. 1 (2008) pp. 30-38.

[“Alcohol dependence increases the risk of suicide attempts. Preuss, Scuckit, Smith, et al. followed 1237 alcohol-dependent patients over 5 years. Their patients were more likely to have made prior attempts than patients from the general population. Even in patients who are not alcohol dependent, recent alcohol use increases the risk of suicide. Patients examined in an emergency service after a suicide attempt have often taken alcohol. Suokas and Lonqvist noted that 62 % of patients attempting suicide (46% of women and 54% of men) had drunk before attempting suicide....

In order to pursue the study of relations between suicide attempters who had taken alcohol in the last 6 hours to suicidal patients who had not taken alcohol before attempting to take their lives.” **NOTE: This journal is available for loan from the California State Library.]**

**“Mortality or Probability of Death, from a Suicidal Act in the United States.”** By Harry Friedman, Rhode Island Suicide Prevention Team, and Robert Kohn, Brown University. IN: **Suicide & Life Threatening Behavior**, vol. 38, no. 3 (June 2008) pp. 287-301.

[“The probability of death resulting from a suicidal act as a function of age is explored. Until recently, data on suicide attempts in the United States were not available, and therefore the relationship between attempts and completed suicide could not be systematically investigated. Now, with new surveillance of self-harm data from the Centers for Disease Control, our examination found that (1) the mortality among self-harmers fits an exponential function of age and (2) the logarithmic difference between female and male suicidal mortality increases in direct proportion to age from puberty to menopause. The mortality exponential function of age is a description that provides a life-span perspective of suicide and suggests data-informed criteria for future suicide and public health research.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&an=33336288&site=ehost-live>

**“The Relationship between Suicidal Behavior, Ideation, and Binge Drinking among College Students.”** By Megan Schaffer and others, John Jay College of Criminal Justice. IN; **Archives of Suicide Research**, vol. 12, no. 2 (2008) pp. 124-132.

[“Suicidal ideation and behavior among college students are serious and prevalent problems that warrant considerable attention. While a variety of situational and personality factors have been linked to suicidal behavior, alcohol use is one of the most commonly cited factors. As alcohol consumption is a frequent activity for many college students, the association between alcohol use and suicidal behavior may have particularly lethal consequences for students. Yet, to date, few studies have examined the relationship between drinking and suicidal ideation and behavior in this population. This study provides empirical support for this relationship. That is, significant relationships were found between past alcohol use and past suicide attempt(s) and between past binge drinking and past suicidal behavior and ideation. The results are discussed in light of their implications for intervention with and assessment of students resenting with suicidal ideation, behavior, and/or binge drinking.” **NOTE: This journal is available for loan from the California State Library.**]

**Related article: A Randomized Controlled Trial of Post crisis Suicide Prevention.**

Full text at: <http://www.psychservices.psychiatryonline.org/cgi/reprint/52/6/828>

### **NEW CONFERENCES**

The National Association of State Mental Health Program Directors, (NASMHPD) **Forensic Division 2008 Annual Meeting being held, Sunday, September 21, 2008 – Wednesday, September 24, 2008** at the 300 W Station Square Drive, [Sheraton Station Square Hotel](#) in Pittsburgh, Pennsylvania. The meeting will begin at approximately 12 p.m. on September 21 and adjourn at approximately 12 p.m. on September 24.

Full text at:

<http://web.memberclicks.com/mc/community/eventdetails.do?eventId=166502&orgId=na-smhpd>

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**NEWWEBCAST**

**Web Conference: Collaborations to Promote Early Childhood Education and  
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